

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Bm		10-16-01
O.I.P.E. CLASSIFIER	FL	1018 42	10/25/01
FORMALITY REVIEW	CC	1114	11-5-01
RESPONSE FORMALITY REVIEW			1-30-02

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
Final Original	
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Claim	Date
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If more than 150 claims or 10 actions  
 staple additional sheet here

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530  
 11-16-01